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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842

Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE AIRLINES REPORTING CORPORATION

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Estimated Charge	\$35.00

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COVER LETTER

TO:	Amendment Section Division of Corporations	
STIBT	AIRLINES REPORTING CORPORATION	
SOBO	Name of C	orporation
DOC	P05838 UMENT NUMBER:	
The er	nclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
	return all correspondence concerning this matte	-
	Dauntria Reynolds	
	Name of Co	ntact Person
	AIRLINES REPORTING CORPORA	TION
	Firm/C	ompany
	3000 Wilson Blvd Ste 300	
Address		
Arlington, VA 22201-3862 City/State and Zip Code		
	·	iid Zip Code
	dreynolds@arccorp.com	
	E-mail address: (to be used for f	uture annual report notification)
.		11-
	rther information concerning this matter, please	
Daunt	ria Reynolds	at (703 816-8122 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the Depar	tment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation organ	ized under the laws of the State of DE		-
	r to change its registered office or registe		·iaa.	
1. The name of t	he corporation: AIRLINES REPORTING	LORGICATION	2	
	office address: 3000 Wilson Blvd Ste 300			
Arlington, VA	A 22201-3862	A Silve	- 12 · · · · · · · · · · · · · · · · · ·	1
3. The mailing a	ddress (if different):			1
4. Date of incorp	poration/qualification: 04/29/1985	Document number: P05838		
5. The name and	street address of the current registered a tment of State: (If resigned, enter resigne	gent and registered office on file with)
	HALL, MICHELLE			
	12470 TELECOM DRIVE 4TH FLOOR			
	TEMPLE TERRACE, FL 33619			
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or registered office	;	
	C T Corporation System			
	c/o C T Corporation System, 1200 South Pi	inc Island Road		
	P.O. Box NOT	acceptable		
	Plantation, Florida 33324			
The street addre	ess of its registered office and the street abe identical.	address of the business office of its re	gistered age	nt,
	is authorized by resolution duly adopted the board, or the corporation has been not			
(A)	= 177	Dang Nguyen, Secretary		
-	redi an officer of director	Printed or typed name and title		-
I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent and comply with the provisions of all state my duties, and I am familiar with and a socument is being filed merely to reflect the corporation has been notified in	iles relative to the proper and comple ceept the obligation of my position as	registerea -	
C T Con	poration System Nivile Chavinond	03/25/2016		
Sign	nature of Registered Agent	Date		-
If signing on be	half of an entity:	•		
Nicole Chouinard	i			
T	yped or Printed Name			

* * * FILING FEE: \$35.00 * * *